

Skinquire Clinic

Inspection report

1 Cowgate
Welton
Brough
HU15 1NB
Tel:

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Skinquire Clinic as part of our inspection programme, to inspect all newly registered locations. This was the first rated inspection for the service since they registered with the Care Quality Commission (CQC) in July 2022.

Skinquire Clinic provides a private aesthetics and dermatology service for fee paying clients. The service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services they provide. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Skinquire Clinic provides a range of non-surgical cosmetic interventions, for example dermal filler injections and anti-wrinkle treatments which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. At the time of the inspection, they offered thread face lifts and treatments for skin disorders such as acne, rosacea and moles.

The nominated individual is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- There were systems to assess, monitor and manage risks to patient safety.
- The provider assessed needs and delivered care in line with evidence-based guidelines.
- The provider had the skills, knowledge and experience to carry out their role.
- Patients were treated with kindness, respect and compassion and helped to make decisions about care and treatment.
- The provider had received positive feedback from patients about the care they had received.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The provider was able to offer flexible appointments to suit the needs of patients.
- There were clear structures, systems and processes to support effective leadership and governance. The provider had a drive to deliver safe, personalised, high quality care that met the needs of the people who used the service.

The areas where the provider **should** make improvements are:

Overall summary

- Review and improve the arrangements for responding to a medical emergency by providing access to a defibrillator at the location.
- Introduce a system of clinical audit, particularly 2 cycle audits so progress can be reviewed, and areas of continuous improvement can be developed.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who had access to advice from a member of the CQC medicines team.

Background to Skinquire Clinic

Skinquire Clinic is located at Skinquire Clinic 1 Cowgate, Welton, Brough HU15 1NB. The service has 1 consultation room which is located on the ground floor. Patients have access to toilet facilities.

The provider, Skinquire Clinic, is registered with the CQC to carry out the regulated activities treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures. The provider operates a clinician-led service which specialises in aesthetic and dermatology treatments. Services are only offered to adults. The service does not offer NHS treatment. The service and the treatments within the scope of registration are led and carried out by a GP (male) and is assisted by their wife who is a pharmacist who handles the administration work. The provider operates a flexible appointment system and consults with patients when they want to be seen. Therefore, there are no formal opening times.

How we inspected this service

Before visiting the service we reviewed a range of information we hold about the service and information provided pre-inspection by the service.

During our inspection we:

- Spoke with the registered provider
- Looked at information the service used to deliver care and treatment plans
- Reviewed documents and policies used by the service
- Reviewed patient feedback received by the provider and by the CQC
- Observed the premises where services were delivered from

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

The provider had developed and implemented processes and procedures to manage patients' safety within the clinic. There were systems and processes to assess, monitor and manage risks to patient safety. The service had consistent systems for appropriate and safe handling of medicines.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance. The provider had access to safety information to guide them to operate in a safe way which was supported by appropriate refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- Services were offered to adults over 18 only; no services were provided to children and young people under the age of 18.
- The service worked with other agencies to support patients and protect them from neglect and abuse. The provider took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Although the provider did not plan on recruiting staff there was a recruitment policy in place if needed. The provider told us they would make sure they carried out checks at the time of recruitment and on an ongoing basis where appropriate.
- The provider had completed an up to date Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was an effective system to manage infection prevention and control. The provider had a structured cleaning schedule in place and had completed regular checks including legionella risk assessments. We observed the premises to be visibly clean and well maintained.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Equipment used at the clinic was regularly checked by the manufacturers as there was a contract in place. There were effective systems for safely managing healthcare waste through the local council.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Although the provider did not employ any staff there was a policy in place should this change with an induction system for new staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The provider had implemented a risk assessment to determine the scope and type of emergency equipment and medicines available. This was based on the type of services provided and the client base. The risk of a medical emergency was low; there was no oxygen or defibrillator available on site. The risk assessment set out that if a

Are services safe?

defibrillator was required, there was one available in the community. However, we considered this was only a viable option if there was someone else accompanying the patient who could retrieve it while the clinician was providing emergency treatment. The risks to the patient would be greater than the benefits, as they would not be receiving lifesaving treatment while the provider retrieved the defibrillator. When we talked to the provider about this, they informed us they would look into either purchasing their own or by organising a community defibrillator to be stored on the external walls of the clinic that could be accessed by the local population.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The provider shared examples with us where they had shared information with a patient's GP. The patient was also copied into this so they could see what information had been shared.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were appropriate arrangements for storing temperature sensitive medicines, including those that needed to be stored in a refrigerator. The provider had a thermometer datalogger to maintain a more reliable check on refrigerator temperatures.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events. The provider understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. An example was shared of a patient who experienced a side effect following a procedure. The provider met with the patient and explained it was a recognised side effect. As a result the provider strengthened the emphasis on possible side effects following procedures.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

Are services effective?

We rated effective as Good because:

The provider had the skills, knowledge and experience to carry out their roles. The provider assessed the needs and delivered care in line with evidence-based guidelines.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- The provider assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had some quality improvement activity in place.

- The service used information about care and treatment to make improvements. They monitored individual patient outcomes and had completed a quality audit collecting and gathering patient feedback. This was carried out to assist the business side of the service to ensure patients were happy with procedures so the service could continue to offer appropriately priced procedures to patients.
- The provider had not carried out clinical audit activity to assure themselves of the effectiveness of the service provided. However, the total number of clients who had received treatments within the scope of the regulations was small.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The provider was a GP who was appropriately qualified and registered with the General Medical Council (GMC)
- The provider had received specific training and could demonstrate how they stayed up to date for the procedures they carried out.
- The provider regularly met with other private aesthetics providers to share best practice. This included signposting patients to other local providers who were more appropriate for the patients' needs.
- The provider had built up effective contacts with the local private hospital dermatology team and had access to advice when needed from a consultant working there.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Are services effective?

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate. We saw where the provider had communicated with a patient's GP following treatment received at the clinic.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- The service monitored the process for seeking consent appropriately.
- All patients were offered a chaperone should they require one.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- The provider supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

The provider treated patients with kindness, respect and compassion and helped them to make decisions about care and treatment. The provider had received positive feedback from patients who used services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. All feedback received by the service and by CQC had been positive about the quality of care and service received. We received feedback from patients who were very pleased with the results they had experienced.
- Feedback from patients was positive about the way the provider treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- We saw feedback from patients, that they felt listened to and supported by the provider and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The provider had developed written information which they provided to patients, which gave information about the procedures, any side effects or known complications, aftercare and what to do in case of any adverse reactions or emergency following the procedure. They told us they gave people a cooling off period to consider whether the treatment was right for them.
- Detailed information about services offered and prices of treatments were available on the providers website.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The provider recognised the importance of people's dignity and respect.
- The provider knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The provider understood the needs of their patients and wherever possible made reasonable adjustments to make sure the service was accessible and responsive to the needs of patients. This included an agile appointments system which gave patients choice for booking appointments.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. We saw feedback from patients who were anxious when having an appointment. The provider was able to adapt to individual patient needs and help them feel at ease at appointments.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use. The provider did not have set appointment times and patients were able to contact the clinic and could arrange an appointment when convenient for them. Feedback was shared with us of patients who were able to access the clinic at short notice when they required its services.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service had not received any complaints for the regulated activities it provided however they were able to talk through the process of their complaint's procedure.

Are services well-led?

We rated well-led as Good because:

The provider had established clear structures, systems and processes to support effective leadership and governance. The provider had a drive to deliver safe, personalised, high quality care that met the needs of the people that used the service.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. This included a succession plan for the future should the provider decide that they wanted to retire from the industry.
- The provider was approachable and personable.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- The provider focused on the needs of patients.
- The provider had a drive to deliver safe, personalised, high quality care that met the needs of the people who used the service.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There was a strong emphasis on the safety and well-being.
- The service actively promoted equality and diversity.
- The provider had a focus on developing themselves to enable them to provide safe and effective care. This included attending regular conference and training events on aesthetic and dermatology treatments.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The provider was clear on their roles and accountabilities
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We found that all policies and procedures were regularly reviewed and updated when required.
- The service used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. The provider had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. This included an audit that was completed gathering patient feedback on services offered to show where performance could be improved.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The provider also had strong working relations with a local private hospital where they could access best practice guidance from consultants working there.
- The service was transparent, collaborative and open with stakeholders about performance.
- The provider described to us the systems in place to give feedback. We saw a range of positive feedback received.

Continuous improvement and innovation

Are services well-led?

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The provider ensured they kept up to date with best practice and new developments by networking with other private aesthetic providers regularly.